

Abortion Attitude Transformation:

Values clarification activities
adapted for young women



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About These Activities

Abortion attitude transformation: A values clarification toolkit for global audiences is a resource for trainers, program managers and technical advisors who organize or facilitate training events and advocacy workshops in the field of sexual and reproductive health and, specifically, for increased access to safe abortion care. It is designed to provide experienced facilitators with the background information, materials, instructions and tips necessary to effectively facilitate abortion values clarification and attitude transformation (VCAT) interventions. There are also activities and materials to conduct a workshop to help experienced trainers increase their skills in facilitating abortion VCAT training events.

VCAT activities are important for discussing the issue of young women and abortion. Many people have mixed feelings about abortion in general, and some may feel even more conflicted about a girl's or a young woman's termination of pregnancy. Six VCAT activities have been modified to focus specifically on young women and abortion:

- Activity 1. Comfort continuum
- Activity 2. Reasons why
- Activity 3. Four corners
- Activity 4. Why did she die?
- Activity 5. The last abortion
- Activity 6. Talking about abortion

Facilitators who wish to use these modified activities are encouraged to first familiarize themselves with Abortion attitude transformation: A values clarification toolkit for global audiences. It can be accessed online at: http://www.ipas.org/Publications/Abortion_attitude_transformation_A_values_clarification_toolkit_for_global_audiences.aspx.

Facilitators should also have completed training in young people's sexual and reproductive health and rights, or abortion care for young women.

Introduction

Each year, 14 million adolescents between 15 and 19 years old give birth, and pregnancy and childbirth-related complications are one of the leading cause of death for girls in this age group (Rowbottom 2007). Adolescent girls in developing countries undergo at least 2.2 to 4 million unsafe abortions each year. Approximately 47,000 women per year die from complications related to unsafe abortion (Shah and Ahman 2010). In 2003, young women accounted for approximately 45 percent of these deaths (WHO 2007).

Ipas defines adolescents and young women in accordance with United Nations Population Fund (UNFPA) and World Health Organization (WHO) definitions:

- Adolescents: 10-19 year olds
- (Early adolescence 10-14 years, late adolescence 15-19 years)
- Youth: 15-24 year olds
- Young women: 10-24 year olds

Young women are different from adult women because:

- They may have less experience related to sexuality and reproductive health;
- Their community is less likely to support their access to information and services;
- An unsafe abortion may be their first obstetric event;
- Compared to adult women, they require different strategies to be reached;
- They have different skills and can provide solutions appropriate for them and their peers.

The revised VCAT exercises provide a platform to address these and other issues:

- Acceptability of young women's sexuality;
- Social stigma related to sexual activity among young unmarried women;
- Relationship between acceptability of pregnancy, age and marital status;
- Chronological age versus emotional and sexual maturity;
- A young woman's right to choose abortion versus requirement for consent;
- Issues of autonomy versus protection (how legislation ostensibly designed to protect young women may do just the opposite).

Activities

Activities

Activity 1. Comfort Continuum

This activity is designed to help participants reflect on their levels of comfort discussing, advocating for and/or providing abortion services for adolescent and young women. It further helps participants reflect on their comfort levels with young women's sexuality and sexual behaviors. Participants are encouraged to reflect on the life experiences and other factors that have influenced their comfort levels, and how they relate to societal norms on abortion.



Objectives

By the end of this activity, participants will be able to:

- Articulate their own personal comfort levels in discussing or advocating for safe abortion services for young women;
- Discuss together the range of comfort levels on abortion for young women held by different participants, and factors that contribute to these differences;
- Discuss how these varying comfort levels relate to societal norms on abortion;
- (For health-care providers) Express their personal levels of comfort in providing abortion care to young women.



Materials

- Three paper signs labeled "A Lot," "A Little" and "Not At All"
- String to tie the signs together (optional)
- Tape
- Comfort continuum statements



Timeline

20 minutes to complete the group activity

20 minutes to discuss the activity

40 minutes total



Advance Preparation

- Review and adapt questions if necessary, selecting questions that are most relevant for this group of participants, and the specific topics covered in your workshop.
Prepare the questions you will read and the order in which you will read them. You may want to choose one or two of the topic areas below, and read no more than five to ten questions; too many questions may make the exercise less interesting. Begin with easier questions, and progress to harder or more complicated ones. It can be helpful to finish with an overarching, final question, such as the one listed in Step 9 below.
- Prepare correct information on abortion laws and policies in the country in case questions arise. Remember that abortion for minors might be restricted not just by the abortion

law, but by other legislation related to children and health care. It may also be helpful to assemble relevant international conventions and treaties, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of the Child (CRC).

- Label three signs on paper: “A Little,” “A Lot” and “Not At All.”
- If necessary, rearrange chairs and tables to create an open space in the room for participants to move around.

Note to facilitator: Several groups of statements are provided below for various topics. You can choose statements from the topic groups based on your needs. You may wish to change or reword some of the statements to fit the context of the country or culture you are working in.

You may also wish to ask each question first for married young women, and then again for unmarried young women, if you anticipate that difference in marital status will result in a marked difference in how participants respond to the statements. We have provided an example in Sex and Sexuality, questions 1 and 2. And we have shown how you can address marital status more inclusively in Sex and Sexuality, question 3.

If participants ask for more information when you read questions, instruct them to respond based on how they understand the question. Do not provide additional details.



Instructions

1. Tape the three signs on the floor or the wall in an open area of the room where there is enough room for participants to move around. Place the signs in order in a row to indicate a continuum. To emphasize the continuum you can also connect a string between the signs and be sure to inform participants *they can stand anywhere along the string*.

Not At All ----- A Little ----- A Lot

2. One at a time, read the statements aloud and ask participants to physically move to the point along the continuum that best represents their feelings. Encourage participants to be honest about their feelings and to resist being influenced by where other participants are placing themselves.
3. After participants have arranged themselves, ask volunteers at different points along the continuum to explain why they are standing there.
4. If, based on someone's explanation, participants want to move to another point on the continuum, encourage them to do so.
5. Once you have finished reading the statements, ask participants to return to their seats. Ask two participants to share their feelings about the activity, soliciting a different response from the second person.
6. Refer to the reasons participants gave about their place on the continuum as you facilitate a brief discussion about the different responses and levels of comfort in the room. Some discussion questions could include:

- *What observations do you have about your own responses to the statements? Other people's responses?*
 - *Were there times when you felt tempted to move with the majority of the group? Did you move or not? How did that feel?*
 - *What about your responses to the statements surprised you? How about other people's responses?*
 - *What did you learn about your own and others' comfort levels on abortion?*
 - *What observations do you have about the group's overall level of comfort with young women and abortion (not individual people's responses)?*
7. Ask participants to reflect on the life experiences that influenced their levels of comfort or discomfort. Invite them to imagine how a different set of life circumstances might have led to a different level of comfort with young women and abortion. Ask a few people to share their thoughts on this.
8. Discuss how these different levels of comfort with young women and abortion impact social norms on abortion, young women's feelings about themselves when they have an abortion, providers' feelings about performing abortion services for young women, and young women's access to safe abortion care.
9. If participants are health-care providers, facilitate a discussion on how their comfort levels impact the provision and quality of abortion services. Emphasize the large impact providers' attitudes have on their provision of services and on young women's experience and satisfaction with those services.

Possible discussion questions include:

- *Would you have answered differently if we had only been talking about married young women? If we had only been talking about unmarried young women?*
- *How would you have responded differently if we were talking about young men's access to sexuality education and sexual health services?*
- *How would you have responded differently if we were talking about older women?*
- *What age did you assign to a young woman as you thought about the questions? Would your comfort level have been different if she were 19? 17? 15? 13? 11?*
- *Do you think an adolescent is able to follow the recommended medical abortion regimen?*
- *What is the relationship between our personal comfort level with abortion for young women and our ability to discuss, provide or advocate for safe abortion services for adolescent and young women?*

Possible discussion questions on consent include:

- *To what degree is maturity linked to chronological age? What is evolving capacity?*
- *How do you assess whether an adolescent is mature enough to choose an abortion without consent by another party?*

If participants answer with ideas that could restrict young women's access to safe abortion, share Cook and Dickens' rule of capability:

"A sign of maturity in minors is their understanding of the need to protect their reproductive health, and their requesting contraceptive services when they are, or are about to be, sexually active. A general rule is that adolescents, capable of freely choosing to be sexually active without parental control, are equally capable of receiving reproductive health counseling and care without parental control" (2000).

Ask participants to determine whether Cook and Dickens's rule of capability applies

to abortion care too: A young woman who identifies that she has an unwanted pregnancy, and seeks safe abortion care rather than risking her health and life in an unsafe procedure, is also capable of making an informed decision about what treatment option is best for her. Providers therefore do not need to assess capacity, but can rely on the young women's care seeking behavior in determining that she is able to make a decision about abortion.

Ask participants to reflect on the fact that a young woman who isn't considered mature enough to choose abortion is nonetheless considered mature enough to become a mother, the likely consequence of preventing her from choosing abortion.

You can find more information about young people's evolving capacities and capability to consent to abortion in *Abortion Care for Young Women, a Training Toolkit* (Turner et al 2011). Module 3 is particularly helpful.

- *Who do consent laws protect or benefit? What impact do they have on young women?*
- *How can consent laws impact providers' ethical obligation to always serve the best interests of their clients?*

10. If questions arise during the discussion, for example on abortion laws and policies in that country, be prepared to provide correct information once participants have finished the discussion.

11. Ask one or two participants to share what they learned from this activity.

12. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Activity adapted from:

Exhale. 2005. *Teaching support: A guide for training staff in after-abortion emotional support*. Oakland, CA: Exhale.

Turner, Katherine L. and Kimberly Chapman Page. 2008. *Abortion attitude transformation: A values clarification toolkit for global audiences*. Chapel Hill, NC: lpas.

Comfort continuum questions

Sex and sexuality

1. How comfortable are you with young women having access to sex education?
2. How comfortable are you with young women having access to contraceptive counseling and methods?
3. How comfortable are you with young women having access to counseling about emergency contraception?
4. How comfortable are you with a young woman having consensual sex with her husband, with whom she is in love?
5. How comfortable are you with a young woman having consensual sex with her boyfriend, with whom she is in love?
6. How comfortable are you with an adolescent girl who wants to keep her pregnancy and have a child?
7. How comfortable are you with an adolescent girl who wants to terminate her pregnancy against her parents' wishes?

Sexual and reproductive health service provision, including abortion (to be used with abortion care providers)

8. How comfortable are you with providing contraceptive counseling and methods to young women?
9. How comfortable are you with providing emergency contraception to young women?
10. How comfortable are you with providing pre-abortion/abortion/postabortion counseling to young women?
11. How comfortable are you with performing abortion for young women in the first trimester?
12. How comfortable are you with performing abortion for young women in the second trimester?
13. How comfortable would you feel referring a young woman to someone who can give her medical abortion drugs and counseling?

Medical abortion

14. How comfortable are you with young women having access to medical abortion information in their community?
15. How comfortable are you with young women having access to medical abortion drugs from health-care providers in their communities?

16. How supportive are you of young women accessing medical abortion drugs over the counter or from non-clinical health workers, such as community health volunteers?
17. How comfortable are you with making medical abortion available to young women in communities that do not have clinical back-up services available?

A LITTLE

A LOT

**NOT AT
ALL**

Activity 2. Reasons Why

In this activity, participants explore the full range of underlying reasons for young women's unintended pregnancies, pregnancy termination or continuation, and governments' regulation of pregnancy and abortion. Participants are encouraged to identify how their and others' level of comfort with young women's reasons affects reproductive health policies and services, and social stigma.



Objectives

By the end of this activity, participants will be able to:

- Identify diverse reasons for young women's pregnancies, unintended pregnancies, and the continuation or termination of unintended pregnancies;
- Name the reasons why young women may make decisions about their unintended pregnancies that they really don't want to make;
- Discuss the reasons why governments regulate pregnancy and abortion more than many other medical conditions and procedures, particularly for young women;
- Differentiate their comfort levels with regard to the different reasons;
- Discuss how individuals' subjective level of comfort affects women's access to safe abortion care.



Materials

- Reasons Why question strips
- Scissors
- Flipchart easel and paper
- Markers



Timeline

- 10 minutes to complete group activity
- 15 minutes for reporting back to large group
- 15 minutes for debriefing in large group

40 minutes total



Advance Preparation

- Prepare a list of the possible responses to the Reasons Why questions. (This refers to Step 4 in the instructions below.)
- Prepare local examples to illustrate the point about governments regulating pregnancy and abortion more than many other medical conditions and procedures.
- Prepare local examples to illustrate additional regulations affecting children, minors, adolescents and/or youth in need of sexual and reproductive health services.

- Cut the Reasons Why questions into strips.

Note to facilitator: You will need to adjust how you distribute questions to groups (give more than one question to some small groups or give more than one group the same question) if you have more or fewer than seven groups.

Because this activity presents women's reasons as a whole, it may be helpful to follow this with an activity that uses case studies, scenarios or stories to foster empathy for individual women's circumstances surrounding pregnancy and abortion.



Instructions

1. Tell participants that we will be discussing young women in this exercise. Ask them to agree on an age range that represents young women in their community. The age range may vary depending on where you are, but make sure it includes adolescent women (between the ages of 10 and 19). Once the group has made an age range decision, confirm this by saying "When we talk about young women in this exercise, we are talking about women between the ages of XX and XX."

Divide participants into groups of three to five people each. Give each group a piece of flipchart paper, markers and one or more Reasons Why questions. Ask each group to designate a recorder and a spokesperson.

2. Ask each group to brainstorm all of the possible responses to the question(s) they have been given. Encourage them to think as deeply and broadly as possible about the range of diverse young women and their life circumstances. Ask the recorder to write the group's question and responses on the flipchart paper.
3. When they are finished, ask the spokesperson from each group to put the flipchart paper up on the wall and present their responses to the large group. Ask other group members not to comment until all of the groups have presented.
4. Once all of the groups have presented, solicit additional responses to all of the questions. Ensure that all of the possible responses to every question have been identified. You may need to suggest additional responses that were not listed by the group.

Note to facilitator: You may wish to add an additional step here, and ask participants to review each reason and next to it place an "M" if they think this reason applies to married young women, a "U" if they think the reason applies to unmarried young women, or "M" and "U" if they think it applies to both married and unmarried young women.

Similarly, you can ask participants to consider the reasons why in terms of different age ranges for young women. For example, for each reason you can ask "Does this reason apply to young women between the ages of 10 and 14? 15 and 19? 20 and 24?" Use these options if you think that reasons will differ for participants depending on young women's marital status or age.

5. Ask participants to silently review the reasons given for each question and to assess their comfort level with each. Encourage them to examine why they feel more or less comfortable with different reasons.
6. Facilitate a discussion using some of the following questions:
 - *What reasons for young women having sex are you uncomfortable with?*
 - *What reasons for unintended pregnancy among young women are you uncomfortable with?*
 - *What reasons for abortion for young women make you uncomfortable, and what is the source of your discomfort?*
 - *How do your core values influence your discomfort with certain reasons for young women having sex, unintended pregnancy and abortion?*
 - *To what extent does your discomfort relate to the marital status of young women?*
 - *To what extent does your discomfort relate to the chronological age of young women?*
 - *How does this discomfort affect social stigma against young women who have an abortion and providers who perform abortions?*
 - *How do you feel about young women making a decision about their unintended pregnancy that they really don't want to make?*
 - *What are the reasons that governments often regulate women's pregnancies and abortions to a greater extent than other medical conditions and procedures? Are any reasons gender-based? For example, only women become pregnant, but the majority of legislators are usually men.*
 - *What are the reasons that governments often regulate young women's access to sexual and reproductive health care, including abortion, more than they regulate adult women's access?*
 - *(For participants working in reproductive health and abortion care) How does our discomfort with certain reasons for young women having sex, unintended pregnancy, or abortion affect our work in reproductive health and, specifically, abortion care? How might young clients sense this discomfort? What impact could this have on the quality of health care we provide to young women?*

Note to facilitator: You may need to prompt participants to think deeply to identify the core values that influence their comfort levels.

You may need to present certain local examples to illustrate the point about governments regulating pregnancy and abortion more than most other medical conditions and procedures. You also need to be well informed about any laws and policies that relate to consent for minors who seek abortions.

7. Close the activity by discussing the following points:
 - How individuals' discomfort with some women's reasons (for having sex, unintended pregnancy, abortion) results in the implementation of reproductive health policies, laws and service-delivery systems that deny certain women access to safe, high-quality abortion services. This can lead to some women having to risk their health and lives to procure a (possibly unsafe) abortion. In other words, it creates health disparities and often tragic outcomes for some women but not others.

- How the desire to protect children and adolescents can result in laws that restrict access to services they need, which results in control, and delayed or denied services, rather than protection.
 - How disparities in access to safe abortion services are based on individual, subjective beliefs about what are “acceptable” versus “unacceptable” reasons for pregnancy and abortion.
 - If you haven’t already addressed marital status and/or age differences, ask participants to think about the women they had in mind, and the age range we agreed on. Now ask them to think about someone much younger, maybe as young as ten years. Would their answers have been different? Have them think about someone older than the age range we agreed on. Would their answers have been different for these women? Would it have made a difference if the young women were unmarried? Help them reflect on the age where they begin to feel personally uncomfortable with young women being sexually active, and with young women seeking abortion.
8. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Activity adapted from:

Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa: Planned Parenthood Association of South Africa.

Varkey, S., S. Fonn and M. Ketlhapile. 2001. *Health workers for choice*. Johannesburg: The Women’s Health Project, School of Public Health, Faculty of Health Services, University of the Witwatersrand.

Turner, Katherine L. and Kimberly Chapman Page. 2008. *Abortion attitude transformation: A values clarification toolkit for global audiences*. Chapel Hill, NC: Ipas.

Reasons Why Questions

Instructions

Cut the following questions into individual strips of paper and hand them out to groups.

1. What are all of the reasons why young women have sex?

2. What are all of the reasons why young women become pregnant?

3. What are all of the reasons why young women have an unintended pregnancy?

4. What are all of the reasons why young women terminate a pregnancy?

5. What are all of the reasons why young women continue an unintended pregnancy?

6. What are all of the reasons why young women may make decisions about their unintended pregnancy that they really don't want to make?

7. What are all the reasons why governments regulate young women's sexual activity, pregnancies and abortion?

Activity 3. Four Corners

The purpose of this activity is to help participants come to a deeper understanding about their own and others' beliefs about young women and abortion; empathize with the underlying values that inform a range of beliefs and consider how their beliefs affect social stigma on young women and abortion; and, if they are health-care providers, understand how personal beliefs can affect the provision of high-quality services for young women.



Objectives

By the end of this activity, participants will be able to:

- Articulate their beliefs about young women and abortion;
- Defend and respectfully explain other, sometimes conflicting, points of view;
- Explain different values underlying a range of beliefs on young women and abortion;
- Discuss how personal beliefs affect social stigma or acceptance of abortion, particularly for young women;
- (For health-care providers and workers) Explain how personal beliefs can affect the provision of abortion-related services for young women;
- (For health-care providers and workers) Discuss ways to ensure a professional standard of high-quality abortion care for young clients regardless of personal beliefs.



Materials

- Four signs labeled Agree, Strongly Agree, Disagree and Strongly Disagree
- Pens
- Tape (for attaching signs to wall)
- Copies of Four Corners worksheet Part A and Part B for all participants



Timeline

50 minutes (if three statements are discussed)



Advance Preparation

- Review and adapt the worksheet statements to make them more relevant to the participants or workshop content, if needed. You may want to select in advance the statements to be discussed by the group, or wait until you see how the participants respond. Select the statements that will elicit the most important discussion for that audience and setting.
- Research international agreements or treaties on health and human rights that include the right to safe abortion and whether these treaties were signed or ratified by the country(ies) represented in your workshop. (Refer to the reproductive rights section of Ipas's *Woman-centered abortion care: Reference manual* or *Improving access to safe abortion: Guidance*

on making high-quality services available, A presentation package for advocates for more information, and to the Convention on the Rights of Children.)

- Copy Four Corners worksheets Part A and Part B, one of each per participant.
- Prepare and tape up four signs: Agree, Strongly Agree, Disagree and Strongly Disagree on the walls or floor in four corners or areas of the room.

Instructions



1. Inform participants that this is an activity where we will be speaking from a personal point of view, as well as defending others' views. Encourage them to be completely honest to get the most out of the activity. You may wish to start by saying the following statement:
 - *Often, our beliefs about abortion are so ingrained that we are not fully aware of them until we are confronted with situations and compelling rationales that challenge them. This activity helps us to identify our own beliefs about young women and abortion, as well as understand the issues from other points of view.*
2. Hand each participant a Four Corners worksheet Part A. Instruct them not to write their names on either of their worksheets. Ask them to complete the worksheet and then turn the sheet over.
3. Hand each participant a Four Corners worksheet Part B. Ask them to complete the worksheet and then turn the sheet over. Instruct them to respond as if they were a young woman in each situation.
4. Ask participants to turn worksheets A and B face up and place them next to each other. Tell them that Part A asks about their beliefs for women in general, and Part B asks about their beliefs concerning themselves (in the role of a young woman). Ask participants to compare their answers on A versus B.
5. Ask the following discussion questions:
 - *What similarities or differences do you see in the beliefs you hold for young women in general versus yourself as a young woman?*
 - *If there are differences, why do you think that is?*
6. Take a few comments for a brief discussion. Point out that differences between responses on worksheets A and B can sometimes indicate a double standard. Some people believe that young women in general should not be allowed to freely access abortion services, but they should be able to access abortion services if they personally need them. Gently encourage participants to consider whether they maintain a double standard for themselves versus young women in general and ask them to reflect on this more deeply. Stress the negative impact such double standards can have on the accessibility of abortion services, social stigma on abortion and laws and policies on abortion, particularly for young women.
7. Ask participants to stand in a circle and crumple their Part A worksheets into a ball and throw them into the middle of the circle. Randomly toss a "ball" back to each participant. Explain that for the remainder of the activity, they will represent the responses on the worksheet they have in their hands. If they got their own worksheet, they should act as though someone else completed it.
8. Point out the four signs placed around the room. Tell them they will be discussing a select number of statements from Part A, one at a time.

Note to facilitator: This activity will be too long if you try to discuss all, or even most, of the statements. Three statements are normally enough to gain the desired effect from the activity. If participants want to see how the group responded to all of the statements, you can have them move to the four corners for each statement and see how the responses are distributed, but then only discuss a select number of them. Select the statements that will elicit the most important discussion for that audience and setting. You can select the statements in advance or after you have seen how participants responded and where the greatest differences in opinion are.

9. Read the first statement out loud. Ask participants to move to the sign that corresponds to the response circled on the worksheet they are holding. Remind participants that they are representing the responses on their worksheets, even if they conflict with their personal beliefs.
10. Invite participants to look around the room and note the opinions held by the group. There may be different-sized groups in the four corners, and sometimes all four corners may not be occupied. You can then ask some people to move to another group if the four are not evenly distributed.
11. Ask the group under each sign to discuss for two minutes the strongest rationale for why people might hold that opinion.
 - Encourage them to come up with more meaningful reasons that are based on underlying, core values.
 - The Strongly Agree or Strongly Disagree groups should make sure they can differentiate between merely Agree or Disagree and Strongly Agree or Strongly Disagree.
 - Ask each group to appoint a spokesperson to present why people might hold that opinion. Ask the spokespeople to speak convincingly, as though they hold the belief themselves. For example: "I strongly disagree with this statement because ..."
12. Start with the spokesperson under Strongly Agree and proceed in order to Strongly Disagree.
 - Remind participants that the designated spokespeople may or may not personally agree with the opinions they are presenting.
 - Do not allow other groups to comment at this time.
13. Read the next statement, and ask participants to move to the sign that corresponds to the response circled on their worksheet. Invite participants to note the opinions held by the group. Redistribute some people if groups are not evenly distributed. Ask groups to select someone who has not yet spoken to be their spokesperson. Reverse the order of the groups' presentations.
14. Continue in the same manner for the remaining statement(s).
15. Have participants return to their seats. Discuss the activity by asking some of the following questions:

- *What was it like to represent beliefs about young women and abortion that were different from your own?*
- *What was it like to hear your beliefs represented by others?*
- *What rationale for certain beliefs caused you to think differently?*
- *What are your general impressions about the beliefs held by the people in this room (but not by any particular individual)?*
- *What is your sense of the underlying, core values that inform these beliefs?*
- *How do our beliefs about young women and abortion affect social stigma or acceptance of abortion?*
- *What relevance do the beliefs discussed in this activity have for abortion care for young women in our setting or country?*
- *Were any of the arguments/rationales presented by the small groups based on young women's internationally recognized right to reproductive health care, including safe abortion? If not, what does this imply about our understanding of young women's right to abortion services?*
- *(For health-care providers and workers) How might our beliefs about young women and abortion affect our provision of abortion-related services?*
- *(For health-care providers and workers) What can we do to ensure that we maintain a professional standard of high-quality abortion care for clients of all ages regardless of our personal beliefs?*

Note to facilitator: When asking the questions about young women's rights, you may want to include some information about international agreements or treaties on health and human rights that include the right to safe abortion and whether these treaties were signed or ratified by the country (or countries) represented in your workshop. Remember for adolescents and young women who are legal minors, the Convention on the Rights of the Child also outlines their right to information and health among other things.

Health-care providers or workers may need help with the last question. Suggestions may include: attend more trainings on how to provide compassionate, nonjudgmental abortion care, particularly for young women; ask coworkers for feedback and make improvements accordingly; institute an anonymous client-led satisfaction evaluation system and make improvements based on feedback; and consider transferring to another clinical specialty if personal beliefs prevent provision or referral to high-quality abortion care.

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16. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for its participation.

Activity adapted from:

Turner, Katherine L. and Kimberly Chapman Page. 2008. *Abortion attitude transformation: A values clarification toolkit for global audiences*. Chapel Hill, NC: Ipas.

Four Corners Worksheet, Part A

Instructions

Please read the following statements and circle the answers that best reflect your personal beliefs. Please be honest, and do not write your name on this sheet.

	SA = Strongly Agree	A = Agree	D = Disagree	SD = Strongly Disagree
1. Abortion services should be available to every young woman (10 – 24 years) who wants them.	SA	A	D	SD
2. Young women who have an abortion are ending a life.	SA	A	D	SD
3. A young, married woman should be able to have an abortion even if her husband wants her to continue the pregnancy.	SA	A	D	SD
4. Liberal abortion laws lead to more irresponsible sexual behavior, especially among young women.	SA	A	D	SD
5. Young, unmarried women should be required to get their parents' consent in order to have an abortion.	SA	A	D	SD
6. A pregnant young woman who has HIV/AIDS should be counseled to terminate her pregnancy, even if it is wanted.	SA	A	D	SD
7. Most young women do not seriously consider the consequences of an abortion.	SA	A	D	SD
8. Young women should be able to have a second-trimester abortion if they need one.	SA	A	D	SD
9. Young women who have second-trimester abortions are indecisive.	SA	A	D	SD
10. Young women who have multiple abortions should be encouraged to undergo sterilization.	SA	A	D	SD
11. Young women who are unmarried and become pregnant should be denied abortion as a lesson.	SA	A	D	SD
12. Young women have the right to independent, informed consent for abortion.	SA	A	D	SD

Four Corners Worksheet, Part B

Instructions

Please read the following statements and respond as if you were a young woman. Circle the answers that best reflect your personal beliefs. Please be honest and do not write your name on this sheet. If you are a man, also respond as though you were a young woman in this situation.

	SA = Strongly Agree	A = Agree	D = Disagree	SD = Strongly Disagree
1. Abortion services should be available to me if I want them.	SA	A	D	SD
2. If I had an abortion, I would be ending a life.	SA	A	D	SD
3. I should be able to have an abortion even if my husband wants me to continue the pregnancy.	SA	A	D	SD
4. Liberal abortion laws will lead to my behaving in a more sexually irresponsible way.	SA	A	D	SD
5. I should be required to get my parents' consent in order to have an abortion.	SA	A	D	SD
6. If I were pregnant and had HIV/AIDS, I should be counseled to terminate my pregnancy, even if it was wanted.	SA	A	D	SD
7. I would not seriously consider the consequences before having an abortion.	SA	A	D	SD
8. I should be able to have a second-trimester abortion if I need one.	SA	A	D	SD
9. If I had an abortion in the second-trimester, it would be because I was being indecisive.	SA	A	D	SD
10. If I had multiple abortions, I should be encouraged to undergo sterilization.	SA	A	D	SD
11. If I got pregnant, I should be denied abortion to teach me a lesson.	SA	A	D	SD
12. I have the right to independent, informed consent for abortion.	SA	A	D	SD

**STRONGLY
AGREE**

AGREE

DISAGREE

**STRONGLY
DISAGREE**

Activity 4. Why Did She Die?

This activity features a case study that highlights the sociocultural context around a young woman's unwanted pregnancy and abortion decision. Participants are confronted with the tragic consequences that can result when access to safe, legal abortion services is restricted, and are asked to articulate their personal or professional responsibility to prevent deaths such as this one. The activity also deepens participants' understanding of the values clarification process.

Version 1 of the case study highlights a college-aged young woman. Version 2 highlights an adolescent woman with less education.



Objectives

By the end of this activity, participants will be able to:

- Discuss the sociocultural context surrounding unwanted pregnancy and abortion among young women;
- Explain the tragic outcomes that can result from restricting access to safe, legal abortion services for young women;
- Articulate their personal or professional responsibility to prevent deaths, such as those described.



Materials

- Copies of the story Why Did She Die?
- Values Clarification for Abortion Attitude Transformation theoretical framework (from this toolkit)
- Flipchart and markers (optional)
- Ball of string (optional)



Timeline

5 minutes to read story
40 minutes for discussion

45 minutes total



Advance Preparation

- Choose one story, and adapt it for local relevance, if necessary. If you are working with a large group you can use both stories: one for half of the group and the other for the other half of the group. Remember to adapt both stories for local relevance if you do this.
- Prepare global, national and local statistics on abortion-related morbidity and mortality among young women and how they relate to restrictions on access to abortion. General overviews can be found on www.ipas.org. Youth-specific information can be found in Ipas's Abortion care for young women: a training toolkit, including in the resource materials of the toolkit. The Youth Program also has statistics related to young women and abortion, and can be contacted at youth@ipas.org.
- Make copies of the story(ies) and the Values clarification for abortion attitude transformation (VCAT) theoretical framework, one per participant.

Note to facilitators: It may be necessary to change the names and certain elements of the story to be more culturally or geographically appropriate for the audience or setting. You may want to adapt a real-life story from the media or clinical experience, making sure to change any potentially identifying information to protect people's privacy. Since the point of this activity is to consider the socio-cultural contexts around a young woman's unwanted pregnancy and abortion decision, the story should be about a young woman (10 – 24 years).

It may be helpful to provide participants with national statistics on abortion-related morbidity and mortality to illustrate how common tragic events, such as this one, are.



Instructions

1. Distribute a copy of either version of the story Why Did She Die? to all participants.
2. Ask participants to read the story silently, or ask one participant to read it out loud for everyone.
3. Facilitate a discussion about why Mia or Agnes dies. You can opt to record responses on the flipchart. Suggestions for questions include:
 - *What happens in this story?*
 - *Why did she die?*
 - *What choices did Mia/Agnes have in the story?*
 - *How does this story make you feel?*
 - *Who do you think is responsible for her death? Why?*(If participants respond that the young woman is responsible for her death, challenge them to think more deeply about who is responsible and has the capacity to fulfill the young woman's human rights, including her rights to information, education, health care and life. How could her community and the health system have prevented her death? Probe further on whether young people can be blamed for their lack of information and whose responsibility it is that they have access to information and health care.)

- *In addition to the young woman, who else was directly affected by her death?*
 - *What real stories or situations does this story make you think of (without revealing any identifying information)?*
 - *What does this story tell us about our responsibility to safeguard young women's health and lives?*
 - *What could have been done to prevent her death? Who could have helped prevent her death?*
 - *What could have made this situation better for her?*
 - *What information or resources may have helped her avoid this situation?*
 - *What will you do, personally or professionally, to prevent deaths such as this one from occurring?*
4. After the discussion, present, or ask participants to summarize (if you have already covered it previously), some basic information on global, national and local statistics on abortion-related morbidity and mortality and how it relates to restrictions on access to abortion for young women.
 5. Ask participants to return to their seats. If time permits, and you have already discussed the VCAT theoretical framework and would like to review it using a VCAT activity as an example, facilitate the following discussion on it. Otherwise, solicit and discuss any outstanding questions, comments or concerns and thank the group for its participation.

Note to facilitator: Optional additional instructions

To make this activity more physically interactive, another facilitation option is for a participant to play the role of Mia or Agnes, and for the other participants to interact with Mia or Agnes.

- Ask a participant to play the role of Mia or Agnes. Do this in advance of the activity so that you can review the story with the participant. She needs to be prepared to recite most of the story from memory, and speak in the first person ("I") with emotion, to make the story as powerful as possible.
- Prepare the ball of string so that it will unwind easily.
- Ask participants to stand or sit in a circle surrounding the participant playing Mia or Agnes. The participant playing Mia or Agnes can sit in a chair or on the floor, but try to make sure participants can maintain eye contact without having to look up or down.
- Give the participant playing Mia or Agnes the ball of string. As each person answers "Why did she die?" they put the string around their waist and then give the ball back to Mia or Agnes. In the end, there is a visual connection between each person in the room and Mia or Agnes, representing their responsibility to her and all young women in similar situations. This addition to the exercise creates a strong impact and is recommended.

-
6. Provide participants with a copy of the Values clarification for abortion attitude transformation theoretical framework. Ask participants to divide into pairs.
 7. Facilitate an additional dialogue to extend the discussion of this story and deepen participants' understanding of the values clarification and behavior change process.

- Using this story as the context for discussion, ask pairs to talk through each box in the framework to help them better understand the values clarification process. The aim is for them to clarify their values and understand how those values inform their attitudes and behaviors in relation to situations like the one described in the story. Give the pairs time after each question to discuss. Some questions could include:
 - *What new information did you learn about unwanted pregnancy, abortion and maternal mortality from this story?*
 - *How did this story deepen your understanding of the context surrounding a young woman's unwanted pregnancy, abortion and maternal mortality?*
 - *How has this story increased your empathy for young women in Mia's or Agnes's situation, or other equally desperate situations?*
 - *What are your current values on abortion in relation to this and similar stories?*
 - *What are other possible values on abortion in relation to this story? What would be the consequences of acting on these other values?*
 - *How open do you feel to experiencing different values on abortion in relation to this and similar stories? What would you need to become or remain open to change?*
 - *Having weighed all of the possibilities, what values do you choose for yourself at this time in relation to this story?*
 - *What would help you affirm these values?*
 - *What actions have you taken in the past that are not consistent with your values? What actions could you take from now on that would be consistent with your values?*
 - *How has this story contributed to a change in your attitude about abortion and young women who seek one?*
 - *What can you commit to doing in relation to abortion situations like this one?*
- 8. Recall the global, national and local statistics on abortion-related morbidity and mortality that you presented earlier in the activity. Discuss how restricting access to safe abortion services does not decrease the number of abortions, but actually increases the number of women, particularly adolescents and young women, who are injured or die from them. Ask participants to articulate their personal and/or professional responsibility to prevent deaths such as this one.
- 9. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for its participation.

Activity adapted from:

Varkey, S., S. Fonn and M. Ketlhapile. 2001. *Health workers for Choice*. Johannesburg: The Women's Health Project, School of Public Health, Faculty of Health Services, University of the Witwatersrand

Turner, Katherine L. and Kimberly Chapman Page. 2008. *Abortion Attitude Transformation: A values clarification toolkit for global audiences*. Chapel Hill, NC: Ipas.

Why Did She Die stories

Instructions

Please read the following story, and then be prepared to answer some discussion questions about it.

Version 1 (Young woman)

My name is Mia. I was the eldest daughter in my family. I was intelligent and hardworking. Even though I worked hard at home helping my mother, school was my top priority. I always came first in my class, and I was the pride and joy of my family and community.

I won a scholarship to go to university. It was my first time in a big city, and I found it difficult to make new friends. But slowly that changed, and I settled into my new environment. I continued to study diligently and made sure I was always at the top of my class. My professors were very proud of me and took special interest in me. They encouraged me to pursue my professional dreams.

After graduation, I joined a professional firm and sent money home to pay school fees for my younger brothers and sisters. I became the breadwinner for my extended family. I met and fell in love with a colleague at work, Richard. At first Richard was gentle and loving, but gradually that began to change. He became distant and unkind to me.

I soon discovered that Richard had another girlfriend. When I discovered this, I told Richard that our relationship was over. Richard became very angry and forced me to have sex. He knew that I wasn't using contraception. As he pushed me out the door, he declared, "I know that when you become pregnant, you will return to me."

Three months later, after feeling sick for quite a while, I went to a clinic. When I got the results, I was shocked to discover that I was, in fact, pregnant. I had always had an irregular menstrual cycle and had never been taught the symptoms of pregnancy. I determined that there was no way I would go back to Richard. When I inquired at the clinic about ending the pregnancy, the staff looked at me with disgust and refused to answer my questions.

I went to another clinic to ask about terminating the pregnancy, but they also turned me away. I felt afraid and was too ashamed to tell anyone in my family about the rape and pregnancy. I felt that no one would believe or help me, and I became desperate. I tried drinking a toxic potion of household chemicals that I had heard from my friends would terminate a pregnancy. I tried inserting sticks into my cervix. I became terribly sick and developed a painful infection but was still pregnant.

Eventually, after trying all of these things, I took my own life.

Why did Mia die?

Version 2 (Adolescent woman):

My name is Agnes. I was an adolescent girl who looked older than my age. In my health class at school, my friends and I were introduced to an abstinence program that taught us about the reproductive organs and how sexual intercourse happens, but not about contraception, pregnancy, or how to prevent pregnancy.

With my friends, I often went to my small town's Internet café on our way home after school. There I met a boy a few years older, Luis, who told me I was pretty, and asked if he could visit me at my home. I was very flattered, and agreed. Luis began to stop by my home after school. He was very polite to my parents, and gradually they began to trust him with me. After a few weeks, they felt comfortable to allow me to go for unaccompanied walks with Luis. Luis and I grew close, and I felt confident that he really cared for me.

After a few months of courtship, which included kissing and hugging, Luis asked me to become more intimate. He told me that he planned to marry me as soon as he finished school, which was only a year away. He told me that he loved me very much and didn't want to wait any longer to be as close as possible to me. I also didn't want to wait, and so we had sex in the privacy of a field where we often walked. Since neither Luis nor I had learned about contraception, and since we didn't know who we could comfortably ask for information, we had unprotected sex.

A few weeks later, I began to feel sick each morning. My school uniform felt tight. My breasts felt tender. I remembered that the last time my mother was pregnant, she had complained of nausea. Suddenly I realized that I might also be pregnant. I was very frightened. My school had a policy to expel female students who got pregnant. And I knew my parents would be angry and ashamed of me, and disappointed in Luis.

I told Luis that I might be pregnant. He was very concerned for me. Both of us felt afraid to ask our parents for help or guidance, so Luis asked his older married brother for advice. His brother told him about a small, private clinic that performed abortions, and also about an older woman just outside of town who was known to quietly put an end to unwanted pregnancies.

We went first to the clinic. The doctor there told us that I was too young to have an abortion without parental consent, and sent us away. A few days later, Luis took me after school to the old woman. She inserted several sticks into my uterus. It was very painful. I hobbled home with Luis's help and went to bed. Overnight I developed a high fever and began to hemorrhage. I was too afraid to awaken my mother for help. By morning, I was dead from blood loss.

Why did Agnes die?

Activity 5. The Last Abortion

The different scenarios in this activity highlight the complex circumstances surrounding a young woman's decision to seek an abortion. Participants are encouraged to examine and challenge their biases against certain pregnant young women or certain circumstances, as well as their beliefs about abortion policies that restrict access to abortion for young women. This activity illustrates the difficulty and dangers of valuing one woman's reasons for abortion over another woman's reasons, independent of their ages.



Objectives

By the end of this activity, participants will be able to:

- Articulate biases they hold against certain young women and their life circumstances with regard to abortion access;
- Describe the difficulty and dangers of deciding who should and shouldn't receive an abortion;
- Discuss the challenges posed by restrictive abortion laws and policies, particularly on adolescents and young women.



Materials

- The Last Abortion — Scenarios handout for each participant



Timeline

5 minutes to read scenarios individually
15 minutes to discuss scenarios in small groups
10 minutes for groups to report back
10 minutes for large group discussion

40 minutes total



Advance Preparation

- Photocopy The Last Abortion — Scenarios handout, one per participant.



Instructions

1. Explain to participants that there are legal, policy, financial, and other restrictions on abortion services that impede many young women's access to safe abortion care and that affect the quality of care given to young women who seek these services.
2. Divide participants into small groups of four to six people each.

3. Tell participants that according to this (fictitious) country's policy, there can be only one more, safe, legal abortion performed. (Acknowledge that this is a contrived scenario for the purposes of this activity.) Explain that you will give them a handout that describes six young women who have expressed their desire to terminate their pregnancy and have applied to be granted this last abortion. Each small group represents the policymakers who will decide which woman should receive the last abortion.
4. Give each participant a copy of "The Last Abortion — Scenarios" handout and ask them to spend five minutes silently reading the scenarios.
5. Tell participants they have 15 minutes to discuss the scenarios in their small groups, decide to which young woman they will grant the last abortion and appoint a spokesperson to briefly present their decision and rationale to the large group.
6. Rotate from group to group to ensure that participants understand the instructions and are able to finish the task on time.
7. Explain that each small group will have up to two minutes to present their decision and rationale. Ask others not to comment yet on individual presentations.
8. Once all small groups have presented, ask participants to return to the large group. Facilitate a discussion about the young women selected and those not selected and rationales given. Try to maintain neutrality while discussing participants' rationales.
9. Ask participants to silently reflect on how they were able to select one young woman and deny the others. This may indicate biases they may hold against certain young women seeking an abortion and their life circumstances, and these biases may have affected their decision about to whom they did or did not grant an abortion.

For example, some people may select a young woman whom they believe had no choice about engaging in sexual activity – for example, a young woman who was raped – because they believe (often unconsciously) that young women who willingly have sex and become pregnant are less deserving of abortion services.

10. Reassure participants that we did ask them to make a choice for the purposes of the activity. Explain that this is called a forced choice activity. In being forced to choose, we can become aware of assumptions or biases that are operating unconsciously.
11. Ask participants how this activity relates to how abortion services are often rendered in a given setting or country. You may want to ensure that some of the following points are covered:
 - Restrictive abortion policies, and even individual providers, often determine which young women are more entitled to an abortion than others based on their biases about young women's reasons and circumstances. The decision to grant some young women an abortion and not others carries lifelong consequences for those women, their families and communities. Remind participants that safe abortion care is not something only certain women are deserving of; rather it is a right for all women based on their right to health care and right to decide if and when to reproduce.
 - Each of the young women in these scenarios expressed a desire to terminate her pregnancy, and it is likely that each young woman thought through her reasons carefully to arrive at this decision.
 - Sometimes counselors or providers may try to convince certain young women to

continue their pregnancy because of their personal beliefs that these women should not terminate their pregnancy. This can cause these young women to feel pressured to make a decision that may, in some cases, cost them their health and even their lives.

- It is important that we as providers or professionals examine our personal biases and see how they can affect young women's decisions and actions.

12. Close the activity by explaining that there is no single, correct answer and that it is impossible to objectively decide which young woman deserves access to abortion services over another. Question what person has the right to make such a judgment for another human being. Point out that the stakes are extremely high when providers or policymakers restrict access to abortion for certain women; this can result in young women risking their health and lives with illegal, unsafe abortions, having to go through added expense and difficulty to obtain a safe abortion from another provider or continuing an unwanted pregnancy and potentially abandoning, abusing or neglecting the child.
13. Conclude with the statement that there can never be one last abortion.
14. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for its participation.

Activity adapted from:

Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa: Planned Parenthood Association of South Africa

Turner, Katherine L. and Kimberly Chapman Page. 2008. *Abortion attitude transformation: A values clarification toolkit for global audiences*. Chapel Hill, NC: Ipas.

The Last Abortion – Scenarios

Instructions

Each of the following young women has asked for an abortion. You must choose which woman will be able to receive the last safe, legal abortion. You can only choose one candidate. As a group, discuss each of these scenarios and your rationale for choosing the one candidate.

1. A 17-year-old woman in her first year at university just found out that she is 14-weeks pregnant. Denied contraception by her health-care provider because of her young age, she and her boyfriend tried to use natural birth control methods, however their attempts failed. She does not feel financially or emotionally ready to become a mother, and wants to finish her studies. She is the first person from her poor, rural village ever to attend university.
2. A 15-year-old girl is 14-weeks pregnant as a result of rape by her stepfather. When she told her mother about the rape and pregnancy, her mother, who is also abused by her husband, quietly looked for someone to support them in this situation, but was unable to find anyone who could help or provide a safer place for her daughter to stay. Her daughter continues to attend public school, where she has been a top student. She is experiencing great distress over the rape and pregnancy, and her schoolwork is suffering.
3. A 16-year-old urban young woman is a reproductive health peer educator in her secondary school. She has a serious boyfriend. They regularly use condoms when they have sex, but she has gotten pregnant anyway. She wants to continue her education and does not feel ready to be married. Her health-care provider will not refer her to an abortion provider unless she gets parental consent for the abortion.
4. An 18-year-old young woman, married at age 14, already has two children but is pregnant again. Her husband spends much of his earnings on alcohol and sex workers. She is worried about her risk and the baby's risk for HIV. She is already struggling to feed two children, and doesn't know how she will be able to feed a third.
5. A 17-year-old woman is engaged to her 19-year-old boyfriend of the past three years. They plan to be married, so the unplanned pregnancy initially didn't upset them too much. However, they have learned that her diabetes will likely make her permanently blind if the pregnancy is carried to term.
6. A 12-year-old girl is persuaded by a boy in the grade above her, whom she admires, to have sex with him. He does not like condoms and refuses to use one. Her lack of sexuality education leaves her unable to negotiate safe sex. Since she does not have regular periods yet, and limited knowledge about pregnancy, it takes a long time before she realizes that she is pregnant. Now she is in her second trimester, and she is growing increasingly depressed and scared about her situation.

Activity 6. Talking about Abortion

When talking about abortion with other people, we may encounter awkwardness, discomfort and even hostility on occasion. This activity helps participants anticipate negative comments and reactions from people we care about and who are anti-choice or have different levels of comfort with abortion. Participants learn to develop and articulate appropriate, respectful responses to disapproving questions or comments.



Objectives

After completing this activity, participants will be able to:

- Anticipate possible negative or disapproving comments and questions from people who do not support the provision of abortion care, particularly for young women;
- Construct effective responses to these comments and questions;
- Articulate effective responses to difficult questions, derogatory comments and hostility from others regarding abortion and/or their role in advocating for or providing abortion services.



Materials

- Flipchart paper and markers



Timeline

20 minutes for instructions, small group brainstorm and reports

20 minutes for small group brainstorm and reports

15 minutes for role play in pairs

5 minutes for large group debrief

60 minutes total



Advance Preparation

- Prepare some locally relevant negative comments and responses.



Instructions

1. Introduce the activity:

“Occasionally, you may be confronted by people who do not support a woman’s choice to have an abortion or are very resistant to the provision of abortion services in their community. They may be particularly opposed to adolescent and young women’s rights to abortion care. You may be faced with questions, comments and attitudes that make you uncomfortable, or are disapproving, challenging and even hostile. These comments and reactions may come from strangers or people you know and whom you care about.

In the first part of this activity, in small groups, you will brainstorm a list of what some of these comments and questions could be, and then we will develop and share some effective responses that you could say to people to help correct misinformation or misunderstanding, and respectfully explain your position and views on abortion. Then we will role play in pairs to practice articulating these responses."

2. Divide participants into groups of four to six people.
3. Distribute flipchart paper and markers.
4. Instruct small groups to take 10 minutes to brainstorm as many questions and comments as possible that someone who disapproves of or does not support abortion services for young women might say. Instruct them to keep the comments as realistic as possible, reflecting comments or questions they have heard in the past or what they anticipate hearing from people who are anti-choice or uncomfortable with abortion. The people making these comments might be family members, colleagues, community members, facility protestors or others. Ask them to write these comments and questions on the flipchart, leaving some space under each one.
 - For example, someone might say, "I think providing abortions for adolescent women without parental consent is very wrong," or to an abortion provider, "How does it feel to help adolescents enjoy sex without having to deal with the consequences?"
5. When the groups have brainstormed an adequate list of questions and comments, have a spokesperson from each group share their list with the entire group.
6. Have each group exchange their list with another group.
7. Ask each small group to take 15 minutes to choose two of the most common and two of the most challenging comments or questions that they could be confronted with, and brainstorm effective, respectful responses. Groups should write their responses directly under each comment on the flipchart.
 - For example, in response to the comment, "I think providing abortions for adolescent women without parental consent is very wrong," they may explain, "From my experience, adolescents who choose to end their pregnancies do so for many different reasons. She may not feel able to provide for a child, and it would therefore be more wrong to continue the unwanted pregnancy. She may want to finish school to provide a better life for a future family, or avoid raising the child of someone who abused her. If she does not have a very good relationship with her parents it might be dangerous for her to involve them. I do not think it is for me to judge, since I do not know her reasons. But I do not want her to risk her health or life in an unsafe procedure so I think it is best if young women can access safe abortion care without parental consent."
8. After the small groups have created their responses, ask a different spokesperson from each small group to share their responses with the entire group. Encourage participants to take notes for themselves on responses they find particularly helpful.
9. Instruct participants to divide into pairs and assign one to be Person A and the other to be Person B.

10. Person A will choose their most challenging comment or question from the brainstormed lists and describe someone in their life who they care about from whom they would dread hearing such a comment. Person B will role play that person, using the negative comment as the basis to talk negatively to Person A for one minute about abortion. Person A cannot respond during that minute, only listen.
11. After one minute, the partners discuss how it felt to be in that role play – to deliver those statements or to hear them without being able to respond.
12. Ask the pair to repeat the same role play for two minutes, but this time while Person B is talking negatively, Person A will have a chance to respond, using some of the effective responses the group had brainstormed previously. Remind the pairs to stay in character during the role play.
13. After two minutes, the partners discuss how it felt during the second role play to deliver those statements and to respond.
14. Ask the pair to switch roles and repeat the same process, but with a new comment or question.
15. Have everyone come back to the large group to debrief the exercise. Some discussion questions could include:
 - How did it feel to talk so negatively about abortion?
 - How did it feel to have someone you cared about talk negatively about abortion and not to be able to respond?
 - What will help you respond more effectively to negative comments about abortion?
 - What lessons would you take away from this role play to a real-world situation?
16. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Activity adapted from:

Baker, Anne. 1995. *Abortion and options counseling*. Granite City, IL: The Hope Clinic.

Turner, Katherine L. and Kimberly Chapman Page. 2008. *Abortion attitude transformation: A values clarification toolkit for global audiences*. Chapel Hill, NC: Ipas.

Talking About Abortion – Example Responses

Here are a few more examples of comments and questions with possible responses that you may find helpful.

“You provide abortions for young women who are still children themselves. Why would you want to do that?”

Possible Response: “Safe abortion services are an important part of reproductive health care. Women need and have the right to these services, regardless of age. Unsafe abortion is a leading cause of women’s injuries and deaths in many parts of the world. The harmful consequences of unsafe abortion affect young women disproportionately, especially because young women may not have access to information about their reproductive health, or to health care including contraceptives. In many cultures, adolescents are commonly married as young as 10 or 11 years-old. At this early age, carrying a pregnancy to term can be very dangerous. To me, it is a matter of providing essential health-care services that promote young women’s health and well-being and save their lives.”

“How does it feel to help young women enjoy sex without any consequences? They should be punished for having sex in the first place, and not be allowed to have abortions.”

Possible Response: “All human beings are sexual beings from birth. It is how our species survives. And there are many different reasons why young women have sex. Some do it because they are in love with a caring partner, and it is their right to consent to sex. Others are not given a choice and could have been coerced, abused or violated. If they end up pregnant, they should not be doubly victimized by being forced to have the perpetrator’s child. It is therefore wrong to punish them, or deny their right to safe abortion. Safe abortion saves women’s lives and protects their health, and is therefore an important part of reproductive health care. This is why I am comfortable with it.”

“Young women are not mature enough to make such an important and terrible decision to have an abortion. They will always regret it.”

Possible Response: “Access to safe abortion is important for all women, independent of their age, because it helps to save their lives and prevent long-term injuries. Healthy women, including young women, are important for the wellbeing of our communities. Research shows that young women do have the capacity to understand, analyze and make decisions about many important life events, including an unwanted pregnancy. Young women who have access to accurate, unbiased information, and make their decision to have an abortion freely, are not likely to regret it. However, they might regret having a child that they are forced to have.”

“Why don’t young women use birth control? There is no excuse for abortion nowadays! There should be no unwanted pregnancies!”

Possible Response: “There are many different reasons why young people have sex, and why they may or may not use birth control. Actually, many young women who seek an abortion have used some form of birth control, but no form of birth control is 100 percent effective. Also, if a young woman has been abused or violated she is not likely to have been given a choice about either having sex or using birth control. Many men refuse to use birth control or take responsibility for impregnating a woman.

Some people live in an area where birth control services are not available or affordable, and few young women receive education on how to use birth control effectively. Many men and women have had unprotected intercourse at some point in their lives, including possibly you and me. It is unacceptable to judge young women who have an unwanted pregnancy resulting from unprotected intercourse or failed contraception.”

“Adolescents are too young to have sex in the first place!”

Possible Response: “All human beings are sexual beings from birth. It is how our species survives. And there are many different reasons why adolescents have sex. Some do it because they are in love with a caring partner, and it is their right to consent to sex. Others are not given a choice and could have been coerced, abused or violated. In fact, the initiation of sexual activity for adolescents is often decided by others, and is based on cultural norms that include early marriage or looking the other way when adolescent girls are raped. Emotional and sexual maturity varies significantly among adolescents, and chronological age does not necessarily coincide with emotional or sexual maturity. It is therefore not accurate to say that adolescents are too young to have sex, since some of them are capable of choosing to have sex freely and responsibly, while others are forced. We have a responsibility to help rather than judge them.”

“Making abortion available to young women will encourage promiscuous behavior and make it easy for them to use abortion as a birth control method.”

Possible Response: “Actually, there is strong global evidence that young women who are educated about sexuality, contraception, and prevention of unwanted pregnancy are more likely to delay the onset of sexual activity and are also more likely use birth control methods appropriately if and when they do decide to become sexually active. So by making comprehensive reproductive health information and care, including safe abortion, accessible to young women, we are in fact promoting informed and healthy decisionmaking.”

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